

OF COPIES RECEIVED	
DISTRIBUTION	
ATA FE	
E	
G.S.	
ND OFFICE	
ANSPORTER	OIL
	GAS
ERATOR	
ORATION OFFICE	

W MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

WELL OIL COMPANY

P.O. BOX 991, HOUSTON, TEXAS 77001

son(s) for filing (Check proper box)

Well ☐ Completion ☐ Change in Ownership ☒

Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐

Other (Please explain) FORMERLY: State T. #17 well #1

Change of ownership give name and address of previous owner Moranco P.O. Box 1860 Hobbs, NM 88240

DESCRIPTION OF WELL AND LEASE

Well Name Hobbs(G/SA) Unit Sec. 17

Well No. 121

Pool Name, including Formation G/SA

Kind of Lease State, Federal or Free

Lease No. XXXXXXXXX

Unit Letter E; 2310 Feet From The North Line and 330 Feet From The West

Line of Section 17 Township 18S Range 38E, NMPM, LEA County

SIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ UNKNOWN ARCO PIPELINE

Address (Give address to which approved copy of this form is to be sent) BOX 1190 MIDLAND TX 79702

Name of Authorized Transporter of Casinghead Gas ☒ or Dry Gas ☐ UNKNOWN PHILLIPS PIPELINE

Address (Give address to which approved copy of this form is to be sent) 4001 PENBROOK, ODESSA TX 79762

Well produces oil or liquids, e location of tanks. Unit Sec. Twp. Rge. NO CHANGE

Is gas actually connected? YES When NA

is production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)

Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res'v.

ie Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.

ations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth

ifications Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Well

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

Choke Size

Actual Prod. During Test

Oil-Bbls.

Water-Bbls.

Gas-MCF

IS WELL

Actual Prod. Test-MCF/D

Length of Test

Bbls. Condensate/MMCF

Gravity of Condensate

Testing Method (piston, back pr.)

Tubing Pressure (Shut-in)

Casing Pressure (Shut-in)

Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given is true and complete to the best of my knowledge and belief.

A. J. Fore

(Signature)

J. FORE, SENIOR ENGINEERING TECHNICIAN

(Title)

MAY 25, 1980

(Date)

OIL CONSERVATION COMMISSION

FEB 1 1980

APPROVED

Orig. Signed by Jerry Sexton

BY Dist. 1, Supv.

TITLE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and re-completed wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.